

PEST MANAGEMENT REPORT										C.D. CODE 1 2		UIC 3 4		5	6	7	8	9	10	11	12	Form Approved OMB No. 0704-0188																	
The public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS.																					REPORT CONTROL SYMBOL																		
1. MAJOR OR REVIEWING COMMAND										2. REPORTING INSTALLATION																													
a. NAME										b. ADDRESS										a. NAME										b. ADDRESS									
NO.	TARGET PEST		OPERATION					PESTICIDE										TIME																					
	Name		Name		Total Units Treated	Unit	Site	Name		Form	APPLICATION		Final Conc. %	RATE (Per Area Unit)		SUPPLY SOURCE Enter S,N,G,C (m) 68	Hours																						
	(a) 13 - 15	(b) 17 - 19	(c) 20 - 24	(d) 25 - 27	(e) 28 - 30	(f) 31 - 33	(g) 34 - 36	Amount (h) 37 - 41	Unit (i) 42 - 43	(j) 44 - 49	Lbs. (k) 50 - 55	% (l) 56 - 58		(n) 69 - 71																									
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	(a)	(b)	(c)	(d)	(e)	(f)	(g)	Amount	Unit	(j)	Lbs.	%	Enter	(n)
	13 - 15	17 - 19	20 - 24	25 - 27	28 - 30	31 - 33	34 - 36	(h) 37 - 41	(i) 42 - 43	44 - 49	(k) 50 - 55	(l) 56 - 58	(m) 68	69 - 71
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3. REMARKS						INSTRUCTIONS FOR USE 1. Detailed instructions of the implementing department directive shall be used in the preparation of this report. 2. Military installation shall prepare this report by the 15th day after the end of each month. The report shall be prepared and signed by the DOD certified pest management supervisor, applicator or inspector and by the installation engineer. 3. Three copies shall be signed and distributed as follows: a. Copy No. 1. To the appropriate pest management professional in accordance with implementing department directives for technical review. b. Copy No. 2. Record to the installation surgeon. c. Copy No. 3. Record copy to the installation engineer for two year retention in accordance with Public Law 92-516.								
4. INSTALLATION ENGINEER (Reviewing Officer)						5. INSTALLATION CERTIFIED PEST MANAGEMENT SUPERVISOR, APPLICATOR, OR INSPECTOR								
a. TYPED NAME		b. SIGNATURE		c. DATE (YYYYMMDD)		a. TYPED NAME			b. SIGNATURE			c. DATE (YYYYMMDD)		